

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101550,682

FILING DATE

9-26-05

APPLICANT(S)

7-31-06

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1				52							
3	2		2			53							
4	1					54							
5	1		1			55							
6	1		1			56							
7	1		1			57							
8	2		2			58							
9	1		1			59							
10	1		1			60							
11	1		1			61							
12						62							
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44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	3	↓	3	↓		↓							
TOTAL DEP.	10	←	10	←		↓							
TOTAL CLAIMS	13	[REDACTED]	13	[REDACTED]		↓							

PTO-875 (REV. 11-04)

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